

Parent/Guardian Signature\_

Safekey Summer Camp Site (please circle one):

## **Safekey Summer Day Camp 2018**



Walk-In Registration Begins on Monday, March 26, 2018, at 7am at Sunset Park Office, 2601 E. Sunset Rd. Las Vegas, NV 89120. Online Registration Begins Monday, April 2, 2018, at 7am. Registration form must be submitted to Safekey Office prior to May 24th.

Faiss MS

Silvestri MS

\_Date \_

Work Phone	nplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Work Phone	Phone
Email Address	DOB DOB hone one
Parent/Guardian Information: Primary Guardian First Name	nplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Primary Guardian First Name	nplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Secondary Guardian First Name	nplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Other persons authorized to pick up child – Name	one one one one one mplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Other persons authorized to pick up child – Name	one one one one one mplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Other persons authorized to pick up child – Name	one one one one mplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
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Other persons authorized to pick up child – Name	mplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
Does this child have any known medical conditions, allergies or are they taking medications?  Does this child require any special accommodations?  Clark County welcomes the participation of individuals of all abilities in programs offered, and fully conditional contents of the participation of individuals of all abilities in programs offered, and fully conditional contents of the programs and activities. We are with mental and physical disabilities who require special modifications in order to participate in program secretation Specialist at your program site two weeks prior to the program start to make arrangement available at 1-800-326-6863.  COST: \$18 per day or \$85 per week per child (** WED, July 4th – All facilities closed in contents of the program. (7:00 AM)  REFUNDS/CREDITS: Request must be made via email/text to SAFEKEYREFUNDS@CLARKContents of the program. (7:00 AM)  WEEK DATES DAYS TOTAL  #1 May 29 – June 1 ** T W Th F STATE  #2 June 4th – 8th M T W Th F STATE  #3 June 4th – 8th M T W Th F STATE  #4 June 4th – 8th M T W Th F STATE  #5 June 4th – 8th M T W Th F STATE  #6 June 4th – 8th M T W Th F STATE  #7 June 4th – 8	mplies with the Americans with Disabilities committed to providing assistance to those rams. Contact the Program Supervisor or
WEEK         DATES         DAYS         TOTAL           #1         May 29 – June 1         ** T W Th F         \$	, ,,,
#1 May 29 – June 1 ** T W Th F \$	2007
#2 June 4th – 8th M T W Th F \$	18051
#3 June 11th 15th M T W Th F	
#4 June 18th – 22nd M T W Th F	
#5 June 25 <sup>th</sup> – 29 <sup>th</sup> M T W Th F	
#6 July 2 <sup>nd</sup> - 6 <sup>th</sup> M T ** Th F	
#7 July 9 <sup>th</sup> - 13 <sup>th</sup> M T W Th F	
#8 July 16 <sup>th</sup> - 20 <sup>th</sup> M T W Th F	
#9 July 23 <sup>rd</sup> 27 <sup>th</sup> M T W Th F	
Total Cost: \$	
#8 July 16 <sup>th</sup> - 20 <sup>th</sup> M T W Th F \$	